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Randomized Trial in the Phillipines

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FOREWORD

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Introduction

Breast cancer (BC) accounts for 720,000 new cases per year and it is the most frequent cancer in women. Incidence rates are rising in many countries, particularly in the developing world. At present, our knowledge of environmental risk factors does not permit formulation of any practical primary prevention programs. Improvements in surgical techniques, or in radiotherapy, are very unlikely to provide more than marginal changes in mortality rates.

A much greater decrease in deaths from breast cancer is achievable through screening programs which lead to detection of cancers which are smaller, at an earlier stage, and less malignant than those which surface clinically. Several randomised trials of screening for breast cancer have been carried out; in the majority the screening modality used was mammography, with or without physical examination of the breasts. There is a clear consensus that such screening programs are capable of decreasing the risk of mortality from breast cancer (Miller et al. 1990; Day, 1991). In the Swedish two-country trial using single view mammography, screening every 30 months reduced breast cancer mortality by some 40% in screened women over the age of 50.

However, population screening programs which depend upon mammography require extensive provision of expensive technology and highly trained radiologists and radiographers. The cost per life-year saved is, therefore, relatively high (Barnum and Greenberg, 1991), and clearly an inappropriate use of health care resources for many countries (WHO, 1984). Furthermore, it seems that mammographic screening is relatively inefficient for women under the age of 50, either because their cancers are faster growing, or because the sensitivity of mammography in the pre-menopausal breast is relatively low.

The alternative screening strategies which have been proposed are physical examination of the breasts (PE), and breast self-examination (BSE). Researchers of the University of Washington are conducting a large scale trial of BSE among 300,000 textile workers in Shanghai, China. This trial is scheduled to last 9 years. PE has never been used as the sole modality of screening, so that its effectiveness is not known. However, indirect evidence based on estimates of the accuracy of PE relative to mammography suggests that this type of examination could reduce mortality rates by perhaps 2/3 to 3/4 of that achievable by mammographic screening in women aged 50 or more. PE alone may be effective in younger women, in whom mammographic screening has not yet demonstrated any benefit.

Purpose of the present work is to establish 1) whether a programme of mass screening by PE performed by trained paramedical personnel can be set up in a developing country as part of the routine activity of first level health services, and 2) whether and to what extent such a programme can reduce mortality from breast cancer. The location is the greater Manila area of the Philippines. This population has a relatively high incidence of breast cancer, considerably above other Asian populations, and comparable to that in southern Europe.

Body

The study is a randomised controlled trial of the effect of annual PE of the breasts performed by trained nurses/midwives, in reducing mortality from breast cancer. The units of randomisation are health centres (HCs) within municipalities of the Manila - Rizal area. Women aged 35 - 64 years who are resident in the intervention HC areas are invited for a total of 5 annual breast examinations, carried out by trained midwives/nurses. At the first visit, the women are instructed in the technique of breast self examination (BSE) and provided with a leaflet in the local language explaining the purpose and methodology of BSE. Reinforcement of BSE knowledge is given at subsequent visits.

The study area comprises the central more urbanised municipalities of the National Capital Region (Districts I, II, II and IV) which includes 12 municipalities each having municipal health centres in the township area and barangay health stations in more rural areas.

Health centres are allocated to intervention or control group by stratified random sampling to ensure equality by socio-economic status, as well as population size. The total female population at risk in each group is about 170,000.

Examiners are trained using a programme already developed and tested in the Philippines. Training is repeated every other year for the duration of the intervention. Women eligible for screening are invited to participate through a variety of mechanisms. A pilot study has demonstrated that a substantial proportion of eligible women will visit the health centre for other reasons ('walk-ins'), and this use is especially prevalent in areas of lower social class. 'Walk-in' subjects can also be used to recruit friends and neighbours. Those who are not contacted via these mechanisms are traced by home visits.

At the first visit, an interview is administered, recording demographic variables and risk factors for breast cancer. Instruction in BSE is given at this visit and PE performed. An attempt is made to interview subjects who do not wish to participate in the project; should they refuse interview, data on socio-economic status is recorded and a recommendation made for the subject to visit her preferred physician for annual breast examination.

Women with detected abnormalities are referred for final diagnosis to special clinics, made available in 3 major hospitals staffed by project personnel.

Results obtained during the first year of the project are as follows:

- 1. A coordinating centre has been set up at José Reyes Memorial Hospital, one of the referral centres for women detected with abnormalities. The necessary equipment has been purchased: computer, photocopy machine, car and Mammacare ™ kits to train the nurses.
- 2. An IARC staff member has been recruited and briefed in Lyon about the project. She took up her duties in Manila at the beginning of July, coordinating full-time the project activity.
- 3. Two hundred and two HCs were randomly allocated to intervention and control groups.
- 4. The baseline questionnaire was developed, tested and finalised (appendix 1).
- 5. Nominative lists of eligible women by HC are being prepared and are almost complete.
- 6. Personnel from the staff of HC has been identified and trained to perform screening PE.
- 7. Hospital clinics for referral of positive women and mechanisms for documentation of results have been established (appendix 2)

Conclusions

The work done is in agreement and fits into the timing outlined in the project application for the first year activity.

Some changes to the original plan of work can now be anticipated concerning the training of field personnel. New administrative procedures which define the responsibilities and duties of the various bodies involved in administering health care, have been implemented by the Philippine Government. These imply a periodical substantial reshuffling of the field personnel between HCs. Therefore, personnel will need to be recruited and trained for the whole duration of the intervention.

As a consequence, sessions to evaluate the performance of the examiners may also need to be more frequent than originally planned.

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Appendix 1

Questionnaire administered at recruitment.

Text is available both in English and Tagalog languages.

BREAST CANCER SCREENING PROJECT - BASELINE QUESTIONNAIRE DATE | | | | | day month Place of visit 3=other, specify______ 1=health centre 2=home Examiner Record No from population lists..... Date of birth | | | | Age day month year Street Street no | | | Bgy Bgy no |__|_| Municipality/Town/City City Codel | | | Province (if applicable) Province | _ | _ | Tel No if available |__|_|-|__| Name and address of closest relative (preferably in Manila) Street _____Street no | | | |

Type of house......1=cement....2=wood 3=makeshift.......

Bgy ______ Bgy no |_ |_ |

Municipality/Town/City _____City Code |__|_|

Province _____ Province | | |

1	EDUCATION / EDUKASYON
1.1	Did you go to school?1=yes2=no
(If N	NO go to 2.1) (Kung HINDI ang sagot - itanong and 2.1)
1.2	How old were you when you finished your studies?age (yrs)
1.3	Which was the highest level of study which you completed? Ano ang pinakamataas na natapos ninyo sa pag-aaral? 0= no complete qualification 1=Primary 2=vocational (qualified manual worker) 3=Secondary 4=College 5=Post-graduate 0=hindi nakatapos ng elementarya 1=Elementaria 2=Vocational (Skilled) 3=High School 4=Kolehiyo 5=Mataas pa sa kolehiyo
2	INCOME / KITA NG PAMILYA
2.1	What is your family's average monthly income in pesos?
2.2	How many families live in your house?
2.3	How many cohabitants is your family composed of (include yourself)?
3	TOEACCO SMOKING / PANINIGARILYO
3.1	Have you ever been a regular smoker? 1=yes 2=no
(if N	O, never smoker, go to 4.1) (Kung HINDI regular naninigarilyo, Itanong and 4.1)
3.2	What age were you when you began to smoke regularly?
3.3	Do you still smoke?1=yes2=no
	3.3.1 If NO, what age were you when you stopped? Kung HINDI, Ilan taong gulang kayo noong huminto kayong manigarilyo?
3.4	For how many years did you smoke/have you been a smoker?
3.5	How many cigarettes per day did you used to smoke/do you smoke? (record the number of cigarettes per day of the longest period)

4	ALCO	HOL DRINKING / PAG-I	NOM NG ALAK		
4.1	Do you Umiind	u drink alcoholic beverage om ba kayo ng alak?	es?	1=yes 1=oo	2=no 2=hindi
(If	NO, go to	o 5.1) (Kung HINDI a	ang sagot - itai	nong ang 5.1)	
4.2		, do you drink almost ever			2=occasionally 2=minsan lang
5	REPRO	DDUCTIVE HISTORY / PA	ANGANGANAK		
5.1	How ol		menstruated?		
5.2	Are you Nirereg	ı still menstruating?la pa ba kayo?	1=yes2= 1=oo2=	no3=Do not know hindi3=hindi ko alam	
5.3		lid you have your last mer no ba kayo huling niregla? days ago months ag years ago age		ng araw na ang nakakara ng buwan na ang nakaka ng taon na ang nakakaraa	raan
5.4	Kung hir	nstruation in the last 12 m ndi na kayo nireregla sa lo 1=natural 2=surgical 3=following radiation 4=pregnancy	ob ng labing-da 1=natural n 2=Inoperah 3=na-radioti	ilawang buwan, bakit hinc a huminto an sa matris/obaryo	li?
	5.4.1	If surgical, do you know w Kung kayo'y inoperahan, 1=both removed 2=only one 3=do not know 4=only hysterectomy 4=hysterectomy lam	alam ba ninyo k 1=pareho 2=isa lan 3=hindi k y, no ovaries rei	tung tinanggal and dalawa ong tinanggal g o alam moved	ang obaryo?
5.5 (If NO	Nagda , go to 5 .	iantao ho na ba kayo? 弟孙 <i>(Kung HINDI, ita</i> // How old were you wher	nong ang 5.6.1 n you first got pr	1=002=hindi) regnant?	
	5.5.2	How old were you when the tache gulang ho ba (0=walang pinanganak)	n your first child kayo noong ipi		ns) <u> </u> ng panganay?
	5.5.3	How old were you when Ilan taong gulang ho ba (C=walang pinanganak r	kayo neong ipir	was born? (0=no live birth nanganak ninyo and inyor	ag buso?

	5.5.4	How many of the					
•		Sa karanasan i	ninyo, ilan sa mga	a sumusunod	ang naranasan r	ninyo?	
		Full term	pregnacies (inclu	de live and sti	Illbirths)		
		Pag-anak	k pagkatapos ng s	siyam na buwa	an (buhay/patay))	
		Spontane	ous miscarriages	S			
		Pagbuntis	s na kusang nalag	alaq			
		Induced a	ahortions				
			s na ipinalaglag				
		ragount	s na ipinalagiag				
If MEN	OPAUS.	AL, go to 5.7	Kung Kayo'y I	MENOPAUSE	na sa 5.7		
5.6.1	Are vo	u currently prean	ant?	1=ves	2=no3=	Maybe	_
5.0.1	Magna	nasuso ho ha kav	o ngayon?	1=00	2=hindi3=	Malamang	
	Maypa	pasuso no ba kay	10 riguy 011	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
	A	. broast fooding		1=400	2=no		
5.6.2	Are yo	u breast reeding		1=00	2=hindi		1
*	Kayo n	o ba ay nagpapa	suso?	1–00	2-111101		
			(مام مام	1-400	2=no	1 1 1
5.7	Have y	ou ever used any	contraceptive me	ethods /	1-yes	2=no	
	Gumag	gamit na ba kayo	ng pagkontra sa p	oabubuntis ?	1-00	2-111101	
	Makes	sure that the inte	erviewee knows v	what a contra	aceptive is		
	Segura	aduhing alam ng	pasyente ang ib	oig sabihin ng	g kontraseptibo)	
(If NO.	go to 6.	1) (Kung Hl	NDI ang sagot - I	Itanong ang t	5.1)		
(If NO,	go to 6.	1) (Kung Hl	NDI ang sagot - I	Itanong ang (5.1)		
(If NO,	\/\/hich	of the following co	ontraceptive meth	ods have you	ever used?		
(If NO,	\/\/hich	of the following co	ontraceptive meth	ods have you	ever used?	nagamit ninyo sa inyo	ong
(If NO,	Which Ano sa	of the following co	ontraceptive meth na pagkontra sa	ods have you pagbubuntis a	ever used? ang ginamit o gir	nagamit ninyo sa inyo	
(If NO,	Which Ano sa	of the following co	ontraceptive meth na pagkontra sa	ods have you pagbubuntis a	ever used? ang ginamit o gir		
(If NO,	Which Ano sa buhay?	of the following command sumusunod	ontraceptive meth na pagkontra sa	ods have you pagbubuntis a	ever used? ang ginamit o gir	. age when first used ong unang gumamit	_ _
(If NO,	Which Ano sa buhay?	of the following co	ontraceptive meth na pagkontra sa	ods have you pagbubuntis a	ever used? ang ginamit o gir	. age when first used	_ _
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6	FAMILY HISTORY OF BREAST CANCER PAGKAKAROON NG KANSER SA SUSO SA PAMILYA
(If	Did your mother ever have a diagnosis of breast cancer?
6.1	.2 Is your mother alive?1=alive 2=dead 3=unknown
6.1	.3 What age is/was she when she died ? (99=unknown)
If N	How many sisters do/did you have? (0=no sisters)
If N	How many brothers do/did you have? (0=no brothers)
If N	How many daughters do/did you have? (0=no daughters)
0.4.	May isa ba sa kanila ang nagkaroon ng kanser sa suso?1=002=hindi
7	PAP TESTS PAP SMEAR TESTS
7.1	Have you ever had a Pap smear in your life?
if N 7.2	O, go to 8.1 Kung HINDI ang sagot - Itanong and no. 8.1 How many pap smears have you had in your life?
7.3	At what age you had the first one?
7.4	At what age you had the last one?

8	SELF-REPORTED ANTHROPOMETRIC MEASURES / TAAS AT TIMBANG NG PASYENTE
8.1	What is your height?
8.2	What is your weight? (lbs)
8.3	When you were a girl, before you had your first menstration, would you describe your weight as 1=less than 2= more than or 3= similar to that of the majority of your friends?
9 PI	REVIOUS EXAMINATIONS OF THE BREASTS / MGA NAKARAANG EKSEMEN SA INYONG SUSO
9.1	Have you ever been examined by a doctor, in a Hospital or Health Centre for any breast complaints? 1=yes2=no3=Don't remember
(If N	O, the questionnaire is finished) (Kung HINDI, itanong ang
	9.1.1 Have you ever had a diagnosis or biopsy of breast lump? (Check breasts for scars needle point or incision)1=yes2= no9= unknown
	Nagkaroon na ba kayo ng biopsy o operasyon sa suso na napatunayan sa ospital? (Tingnan kung may hiwa o peklat sa suso)1=002=hindi9=hindi alam
	9.1.2 Kailan ang huling papatingin ninyo sa doktor o ospital dahil sa problema sa suso gaya ng bukol sa suso ArawBuwanTaon Pangalan ng ospital or klinik o health center: Address: Pangalan ng doktor: Sabihin kung anong klaseng problema sa suso :

If YES, fill in the forms BBD for benign breast disease

This is the end of the Questionnaire. Thank you very much for your time and cooperation. Now I would like to examine your breasts and show you how to practice it yourself.

Ito na po ang kahuli-huliang pagtatanong. Maraming salamat po sa inyong oras at tulong. Ngayon, puwede po bang masuri ang inyong suso at ituro ko rin sa inyo and paraan sa pansariling pagsusuri ng inyong suso (Breast Self-Examination or BSE)-----Fill up Form E (Breast Examination Form).

Grant No. DAMD17-94-J-4327

Appendix 2

Documentation of results for hospital clinics for referral of positive women.

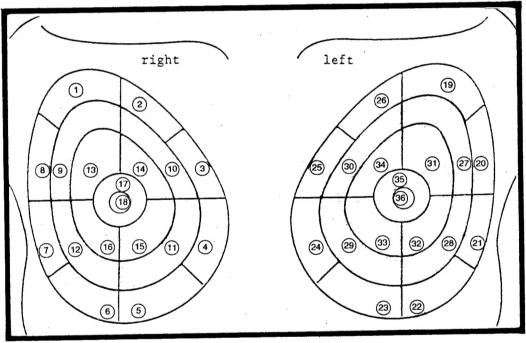
FORM Pr BREAST CANCER SCREENING PROJECT SUBJECT POSITIVE AT BREAST EXAMINATION

Family 1	Name of S	subject: /_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_	_/ Initials /_/-/_/_/-/_/
Referral Visit Nu		- JRRMMC 2- PGH 3- RMC 4- others, specify	/_/ /_/_/
Examine	er:		1_1
P1.1	Is heal	th worker's breast findings confirmed as per referral? 1-Yes 2-No /	_1
	P1.1.1	If Yes> Fill up the 2nd Page of this Form.	
	P1.1.2	If the patient does not have a lump, Assure her and advise her to Follow-U	p at the Health Center which referred her.
P2.1	If Yes,	was a biopsy done? 1- Yes 2- No /_/	
	P2.1.1	<u>If No</u> , why	
	P2.1.2	<u>If Yes</u> , when: Day // - Mon // - Yr // Histopa	th No: /_/_/_/_/
		What is the histological diagnosis:	ICD-0 /_/_/_/_/_/
		If the histological diagnosis is cancer> Fill Up UICC Breast TN	M Form.
		MAKE SURE THE PATIENT FOLLOWS-UP OR MAKE SURE SHE CAFILL UP UICC HTR Form.	AN BE FOLLOWED-UP FOR 5 YEARS>
		*	
		nts and questions by t	

Today's Date: Day /_/_/- Mon /_/_/ - Yr /_/_/

NOTE: Prepare Form Pr in 3 copies (autocopy) on different background color. Copies are for the hospital's file, coordinating center's file, and the referral center's copy.

Indicate laterality, location, size, mobility of the breast abnormalities below. Use graph numbers to identify lump in the describing section and blacken it on the design



Lump No. /_/_/
Size: maximum Ø in cm.,
9= more than/= 9 cm/_/
Mobility: 1=mobile 2=fix/_/
Hardness: 1=stone 2=??? 3=soft/_/
Lump No. /_/_/
Size: maximum Ø in cm.,
9= more than/= 9 cm/_/
Mobility: 1=mobile 2=fix/_/
Hardness: 1=stone 2=??? 3=soft /_/
Lump No. /_/_/
Size: maximum Ø in cm.,
9= more than/= 9 cm/_/
Mobility: 1=mobile 2=fix/_/
Hardness: 1=stone 2=??? 3=soft/_/

Lump No. /_/_/ Size: maximum Ø in cm., 9= more than/= 9 cm/_/ Mobility: 1=mobile 2=fix/_/ Hardness: 1=stone 2=??? 3=soft/_/
Lump No. /_/_/ Size: maximum Ø in cm., 9= more than/= 9 cm/_/ Mobility: 1=mobile 2=fix/_/ Hardness: 1=stone 2=??? 3=soft/_/
Lump No. /_/_/ Size: maximum Ø in cm., 9= more than/= 9 cm/_/ Mobility: 1=mobile 2=fix/_/ Hardness: 1=stone 2=??? 3=soft/_//